

# HEALTH CARE'S BLIND SIDE

*The Overlooked Connection between  
Social Needs and Good Health*

SUMMARY OF FINDINGS FROM A SURVEY OF AMERICA'S PHYSICIANS



# Summary of FINDINGS

A national survey reveals that physicians believe unmet social needs are directly leading to worse health for Americans — and that patients' social needs are as important to address as their medical conditions.

Medical care alone cannot help people achieve and maintain good health if they do not have enough to eat, live in a dilapidated apartment without heat or are unemployed. Physicians report that their patients frequently express health concerns caused by unmet social needs beyond their control.

**This is health care's blind side: Within the current health care system, physicians do not have the time or sufficient staff support to address patients' social needs — such as access to nutritious food, transportation assistance and adequate housing — even though these needs are as important to address as medical conditions.**

Physicians feel so strongly about the connection between social needs and good health that 3 in 4 physicians surveyed (76%) wish the health care system would pay for costs associated with connecting patients to services that address their social needs.

This summary reviews key findings from an online survey of 1,000 American physicians in the American Medical Association Masterfile who agreed to be invited to participate in the survey, of which 690 were primary care physicians and 310 were pediatricians. The survey was conducted by Harris Interactive between September 16 and October 13, 2011 on behalf of the Robert Wood Johnson Foundation. Results from the physician survey were weighted as needed for region, age and gender. Valuable input was provided by Health Leads, an organization that enables physicians and other health care providers to prescribe basic resources, such as food and heat, for their low-income patients.

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*blind side* n. the part of one's field of vision where one is unable to see approaching risk and is particularly vulnerable; the opposite side of where one is looking

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## BACKGROUND

A growing body of research shows that today's health care system and its focus on treating medical conditions neglects the significant role that social needs — such as nutritious food, transportation, adequate housing and employment assistance — play in the health of Americans, and especially the most vulnerable among us.

There is strong evidence linking social needs to health and life expectancy. Health care itself plays a surprisingly small role (10 percent of contributing factors) in life expectancy. Social circumstances, environmental exposure and behavior are estimated to account for 60 percent of the risk of premature death.<sup>1</sup>

At a time when policymakers and the medical and health community are working to improve health outcomes and efficiency while reducing costs in the health care system, it is critical to understand how unmet social needs strain the system. Such needs translate into poorer health, particularly for children living below the federal poverty line,<sup>2</sup> and create a greater reliance on high-cost emergency care. Families who have difficulty paying rent and housing-related bills experience higher rates of emergency hospitalizations than families who do not struggle economically.<sup>3</sup> Children in families experiencing hunger are much more likely to be categorized as being in “poor” health and more likely to have been hospitalized since birth.<sup>4</sup>

Additionally, there is a growing shortage of primary care physicians, with a projected shortfall of up to 124,000 physicians by 2025.<sup>5</sup> As more Americans are slated to have access to health care under the Affordable Care Act, we can expect even greater demands on this workforce and the health care system as a whole.



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4 IN 5  
physicians

surveyed (85%) say unmet  
social needs are directly  
leading to worse health

In addition, 4 in 5 physicians (87%) say the problems created  
by unmet social needs are problems for *everyone*, not only for  
those in low-income\* communities.





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# 4 IN 5 physicians

surveyed (85%) say patients' social needs are as important to address as their medical conditions. This is especially true for physicians (more than 9 in 10, or 95%) serving patients in low-income, urban communities.

Specifically, 3 in 4 physicians surveyed (76%) wish the health care system would cover the costs associated with connecting patients to services that meet their social needs if a physician deems it important for their overall health.



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4 IN 5  
physicians

surveyed (80%) are not confident  
in their capacity to address their  
patients' social needs

Even though physicians say social needs are just as important to address as medical conditions, only 1 in 5 physicians surveyed (20%) feel confident or very confident in their ability to address their patients' unmet social needs.



# Physicians wish they could write prescriptions to help patients with social needs

Physicians in this survey reported that if they had the power to write prescriptions to address social needs, such prescriptions would represent approximately 1 out of every 7 prescriptions they write\*\* — or an average of 26 additional prescriptions per week.







Some of the top social needs they would write prescriptions for include:

Fitness program 75%

Nutritional food 64%

Transportation assistance 47%

Additionally, physicians whose patients are mostly urban and low-income wish they could write prescriptions for:

Employment assistance 52%

Adult education 49%

Housing assistance 43%





## RECOMMENDATIONS

### Recognize that social needs are connected to Americans' health.

Ultimately, as it relates to our health, our zip code is proving to be as important as our genetic code. Health begins — and is maintained — where we live, learn, work and play. We cannot continue to overlook unmet social needs when it comes to helping people lead healthy lives and get the care they need. Evidence shows that factors such as access to nutritious food, transportation assistance and adequate housing play as important a role in a person's health as medical treatment or prescription drugs. Physicians are seeking help to address those needs.

### Equip physicians and other health care practitioners with the resources they need to make patients healthy.

Physicians overwhelmingly want the health care system to cover the costs associated with connecting patients to services that address their social needs. A majority of physicians surveyed say that the health of up to half their patients would improve if the health care system did a better job of addressing social needs. Promising models exist that address social needs, and we must continue to invest in and evaluate those models.

### Rethink the health care system to address unmet social needs.

America's physicians have delivered their diagnosis, but it is up to our health care providers, insurers and government leaders to rethink how health care is delivered in this country and what it means for Americans to be healthy. Models that address social needs are a step in the right direction, but leadership and commitment from health care decision-makers is required to create system-wide, lasting change.

## NOTES

<sup>1</sup> McGinnis, Russo and Knickman. "The case for more active policy attention to health promotion." *Health Affairs*, 2002.

<sup>2</sup> Braveman and Egerter. *Overcoming Obstacles to Health*. Robert Wood Johnson Foundation, 2008.

<sup>3</sup> Kushel, Gupta, Gee and Haas. "Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans." *Journal of General Internal Medicine*, 2006.

<sup>4</sup> Cook et al. "Food Insecurity Is Associated with Adverse Health Outcomes among Human Infants and Toddlers." *The Journal of Nutrition*, 2004.

<sup>5</sup> Center for Workforce Studies. *The Complexities of Physician Supply and Demand: Projections Through 2025*. American Association of Medical Colleges, 2008.

\* For purposes of this survey, low-income communities are defined as those in which at least 50 percent of patients belong to a household with an annual income of less than \$50,000.

\*\* This number was calculated by dividing the average number of prescriptions physicians would write for social services if able (26) by the sum of the average number of prescriptions physicians currently write (or medications they dispense) in a week (150) and the average number physicians would write if able (26).

## METHODOLOGY

Harris Interactive®, on behalf of the Robert Wood Johnson Foundation, conducted the survey online within the United States between September 16 and October 13, 2011 among 1,000 physicians (690 primary care physicians and 310 pediatricians).

The sample source was the American Medical Association Masterfile. The sample was pulled randomly to meet specific criteria, such as specialty, region, age and gender. Invitation letters were mailed with a password-protected link, so that each link could only be used once. A reminder was also sent about a week into interviewing. Because the sample is based on those who agreed to be invited to participate, no estimates of theoretical sampling error can be calculated. The participation rate for this survey was 5 percent.

In order to be representative of primary care physicians and pediatricians, results were weighted as needed for region, age and gender. The targets were based off of demographic information in the American Medical Association Masterfile.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error that are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with non-response, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, Harris Interactive avoids the words “margin of error” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100 percent response rates. These are only theoretical because no published polls come close to this ideal.

## About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation’s largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable and timely change. For nearly 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

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